

INDIANA DEPARTMENT OF HOMELAND SECURITY

INDIANA EMERGENCY
RESPONSE COMMISSION (IERC)
TIER II UPDATE REPORT



LOGIN TO SYSTEM





Indiana Emergency Response Commission Phone :855-246-0065 Online TIER II MANAGER™

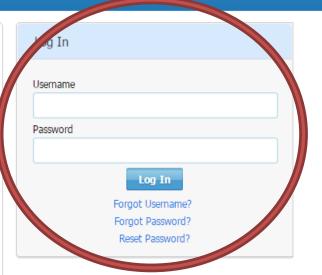
You must register before using this Online Reporting System.

REGISTER

If you have previously registered, please proceed with Log In.

SYSTEM REQUIREMENTS

- You need to use Internet Explorer 10 (non-compatibility mode) or higher, Firefox 20 or higher, or Chrome 26 or higher. Using older versions may create problems.
- You will need Adobe Acrobat Reader to use this System. Download the Adobe Reader.
- You need to enable javascript and turn off the pop-up blocker in your browser.
- . If you encounter any problem, contact your technology desk to verify whether you have these requirements.
- · Cookies need to be enabled in your browser. It is enabled by default.



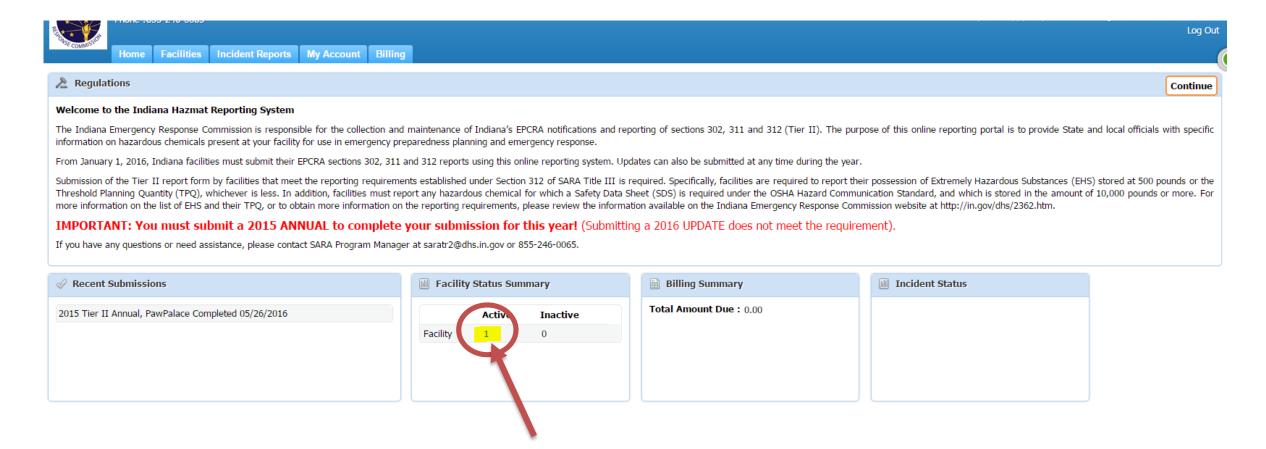
Developed By 1108

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Version: 5.2



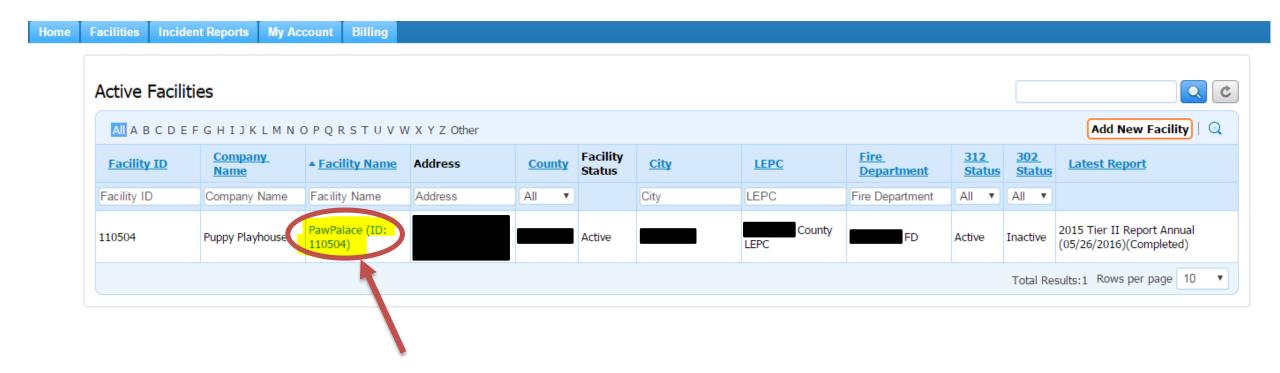
SELECT ACTIVE FACILITY # IN BLUE







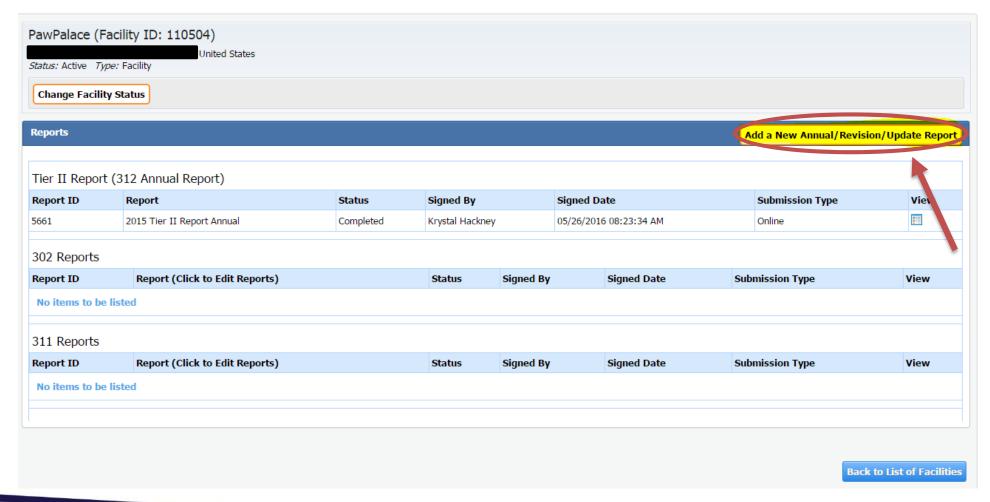
SELECT FACILITY NAME IN BLUE







SELECT "ADD A NEW ANNUAL/REVISION/UPDATE REPORT"





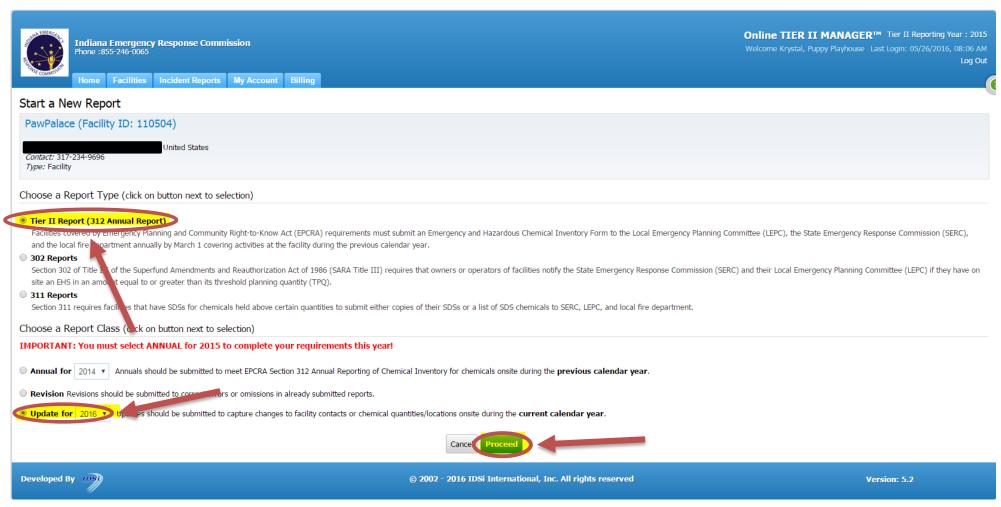


UPDATE REPORT

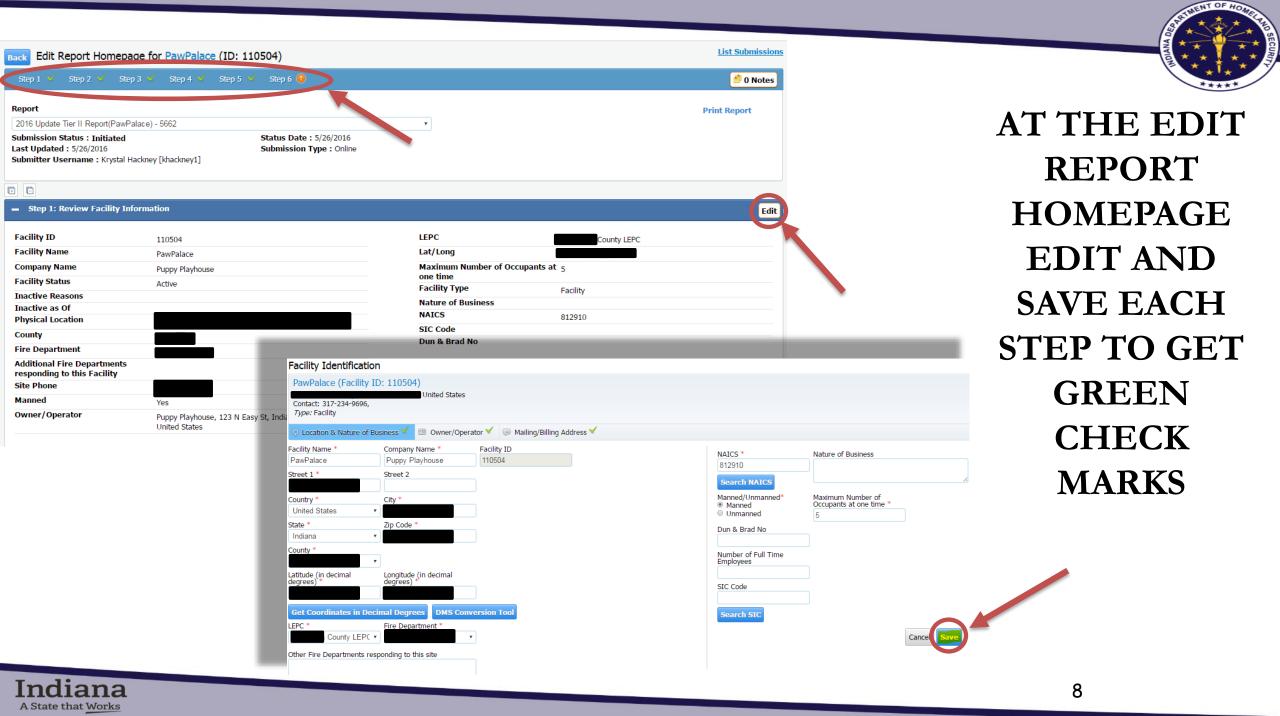




SELECT "Tier II Report (312 Annual Report)" and "Update for 2016" then "Proceed"







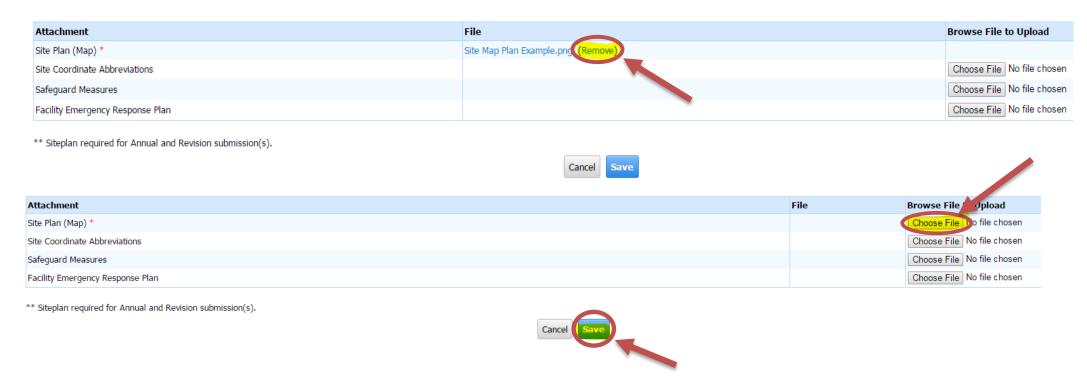


SITE PLAN MAP UPDATE





ON STEP 5 SELECT "REMOVE" TO REMOVE THE OLD SITE PLAN MAP THEN SELECT "CHOOSE FILE" TO ADD NEW SITE PLAN MAP THEN SELECT "SAVE"





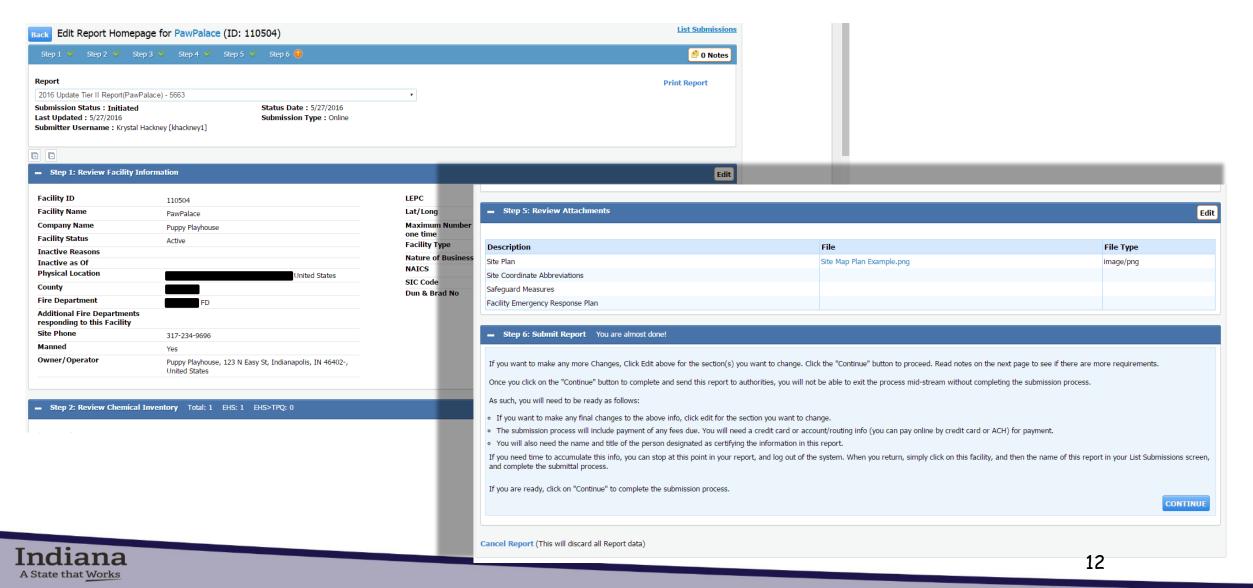


CERTIFY REPORT





ON EDIT REPORT HOMEPAGE SCROLL DOWN TO STEP 6





SELECT "CONTINUE" TO COMPLETE AND CERTIFY REPORT

Step 6: Submit Report You are almost done!

If you want to make any more Changes, Click Edit above for the section(s) you want to change. Click the "Continue" button to proceed. Read notes on the next page to see if there are more requirements.

Once you click on the "Continue" button to complete and send this report to authorities, you will not be able to exit the process mid-stream without completing the submission process.

As such, you will need to be ready as follows:

- · If you want to make any final changes to the above info, click edit for the section you want to change.
- . The submission process will include payment of any fees due. You will need a credit card or account/routing info (you can pay online by credit card or ACH) for payment.
- . You will also need the name and title of the person designated as certifying the information in this report.

If you need time to accumulate this info, you can stop at this point in your report, and log out of the system. When you return, simply click on this facility, and then the name of this report in your List Submissions screen, and complete the submittal process.

If you are ready, click on "Continue" to complete the submission process.



Cancel Report (This will discard all Report data)





SELECT BOX TO CERTIFY REPORT THEN REVIEW CERTIFIER'S INFORMATION THEN SELECT "SUBMIT" TO COMPLETE REPORT

Certify Report			
PawPalace (Facility ID	D: 110504)		2016 Tier II Report Update
Contact: 317-234-9696			
Type: Facility			
ertification and Attestation: I certify under penalty of law that I have personally examined and am familiar with the information and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the			
submitted information is true, accurate, and complete. The undersigned attests, subject to the penalties for perjury, that the undersigned is the Owner or Operator of this facility, or that the undersigned is the properly authorized representative.			
agent, member or officer of the Owner or Operator. I agree, and it is my intent, to sign this Tier II emergency and hazardous chemical inventory form ("Tier II Report") by accessing the Indiana Emergency Response Commission Online Tier II Manager II Report and the secure password assigned to me and by electronically submitting this Tier II Report to the Indiana Emergency Response Commission. I understand that my submission of this Tier II Report in this fashion is the legal			
equivalent of having placed my handwritten signature on the submitted Tier II Report and the above Certification and Attestation.			
Please preview the Tier II Report before Submission			
Name of Owner/Operator or Authorized Representative *	Official Title *		
Krystal Hackney	Specialist		
Telephone Number *	Date *		
317-234-9696	05/26/2016		
		Cancel Submit	
		Carcer	
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SARA Program Contact Information

- > State program webpage: www.in.gov/dhs/3893.htm
- > Tier II Manager webpage: www.tier2.dhs.in.gov
- Email: <u>SARATr2@dhs.in.gov</u>
- > Toll-free number: (855) 246-0065
- SARA Program Specialists (317) 234-9696 Krystal Hackney khackney@dhs.in.gov Marc Torbeck mtorbeck@dhs.in.gov

